



Manufactured Home Installer's Monthly Certification Tag Report

Office of Manufactured Housing/Installer Program

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FAX 360-586-5880 • e-mail OMH@cted.wa.gov

Reporting Month _____ Year _____

Please type or print clearly.

INSTALLER INFORMATION											
INSTALLER NAME				MAILING ADDRESS						PHONE	
MANUFACTURER CODING						WORK PERFORME					
AHI	American Homestar ID	FQ	Fuqua	LB	Liberty	SCC	Silvercrest CA	CC	Concrete Pads/Runners	FS	Foundation Support System
AHO	American Homestar OR	GWO	Golden West OR	ML	Marlette	SCO	Silvercrest OR	SC	Structural Connections	SV	Skirting/Vents/Access
CH	Champion	GUI	Guerdon ID	MD	Moduline	SLC	Skyline CA	AS	Anchoring System	ER	Earthquake Resis. Bracing Sys.
FWC	Fleetwood CA	GUO	Guerdon OR	NA	Nashua	SLO	Skyline OR	MP	Mech./Plumbing Connections		
FWI	Fleetwood ID	HB	Homebuilders NW	PH	Palm Harbor	SU	Summit CO				
FWO	Fleetwood OR	KA	Karston CA	RMI	Redman ID	VA	Valley				
FWW	Fleetwood WA	KIT	Kit Mfg	RMO	Redman OR	other					

Ins Certification Tag #	MFR Code	MFR Serial #	Building Jurisdiction	Retailer	Work Performed Codes
Install Date	Owner's Name		Site Address		
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Install Date	Owner's Name		Site Address		

Reports must be returned complete and legible. Failure to report or falsifying a report may result in loss of certification.

I hereby certify that each installer certification tag used has been properly reported and the information in this report is correct to the best of my knowledge.

Signature _____ WAINS # _____ Date _____